



Financial Assistance Award

DENALI COMMISSION
510 "L" Street, Suite 410
Anchorage, Alaska 99501
(907) 271-1414

Project Number
0022-DC-2001-I4

Denali Commission Accounting Code

95X1200 95670000 (must be based on what funds are used)	FY 2001 Commission funding (Al – is this 2001 Commission funding or 2001 DHHS funding?)	\$300,000
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Recipient Name & Address

State of Alaska
Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601

Phone (907) 465-3030
Fax (907) 465-3068

Cost Share Distribution

	Denali Commission	DHSS & other contributors
Phase 2	\$300,000	\$0

Authority
112 Stat 1854

Project Title
Alaska Rural Primary Health Care Needs Assessment – Phase II

Award Performance Period
From: February 1, 2001
To: January 31, 2003

This Financial Assistance Award approved by the Federal Co-Chair of the Denali Commission is issued in triplicate and constitutes an obligation of federal funding. By signing the three documents, the Recipient agrees to comply with the Award provisions indicated below and attached. Upon acceptance by the Recipient, two signed Award documents shall be returned to the Federal Co-Chair of the Denali Commission and the Recipient shall retain the third document. If not signed and returned without modification by the Recipient within 30 days of receipt, the Federal Co-Chair may unilaterally terminate this Award.

- ☐ EDA Standard Terms and Conditions Public Works and Implementations Construction Components, dated 3/99
- ☒ Special Award Conditions and Attachments
- ☒ Line Item Budget
- ☒ 15 CFR 24, Uniform Admin Requirements for Grants/Cooperative Agreements to State and Local Governments (www.access.gpo.gov/nara/cfr/waisidx_99/15cfr24_99.html)
- ☒ OMB Circular A-87, Cost Principles for State and Local Governments and Indian Tribal Governments (www.whitehouse.gov/OMB/circulars/a087/a087-all.html)
- ☒ OMB Circular A-133, Audits of States, Local Governments and Indian Tribal Governments (www.whitehouse.gov/OMB/circulars/a133/a133.html)
- ☐ 15 CFR, Part 14, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, Other Nonprofit, and Commercial Organizations (www.access.gpo.gov/nara/cfr/waisidx_99/15cfr14_99.html)
- ☐ OMB Circular A-122, Cost Principles for Nonprofit Organizations (www.whitehouse.gov/OMB/circulars/a122/a122.html)
- ☐ OMB Circular A-21, Cost Principles for Educational Institutions (www.whitehouse.gov/OMB/circulars/a021/a021.html)
- ☐ EDA Standard Terms and Conditions Capacity Building Programs
- ☐ Department of Commerce Financial Assistance Standard Terms and Conditions, dated 10/98

Signature of Authorized Official - Denali Commission

Typed Name and Title

Jeffrey Staser, Federal Co-Chair

Date

Signature of Authorized Official – Alaska Department of Health and Social Services

Typed Name and Title

Karen Perdue, Commissioner

Date

Award Conditions to the Financial Assistance Award
Project No. 0022-DC-2001-I4
Alaska Rural Primary Health Care Needs Assessment – Phase II
Alaska Department of Health and Social Services

This Financial Assistance Award is provided to the Alaska Department of Health and Social Services (DHSS) for the purpose of completing Phase 2 of the Alaska Rural Primary Health Care Needs Assessment. The scope of work for Phase 2 is attached. Total Commission funding to DHSS is \$300,000. Commission funding is intended for use for the scope of work specified above only. In the event there is a balance of funding after the full scope of work is completed, then the Commission will determine how the excess funds will be allocated.

2. The Project Officer for DHSS is Ms. Patricia Carr and for the Denali Commission Mr. Joel Neimeyer.
3. The DHSS shall submit written progress reports to the Commission Project Officer quarterly (March/June/September/December). The reports are due within 30 calendar days of the end of the quarter. Interim reports are required in the event of significant project events that may extend the project schedule and/or impact the project budget. Quarterly progress reports shall include a narrative summary of the project status and accomplishments to date, and address the following questions: is the project on schedule, is the project on budget, and what actions are planned to address any project problems. These progress reports shall be sent to:

Denali Commission
510 "L" Street, Suite 410
Anchorage, AK 99501

The Commission reserves the right, at a future date, to direct the DHSS to provide the progress reports in electronic format for posting on the Commission web page. At the conclusion of the project, DHSS shall submit a brief final report outlining the accomplishments of the project, recommendations for future health care endeavors and a final financial status report.

4. Two forms of project financial reports are required.
 - A. Project financial status reports shall be submitted to the Commission Project Officer quarterly (included as part of the quarterly progress reports). Included in the quarterly financial status reports shall be a project performance analysis on budgeted project line items, as defined by the DHSS, showing budget costs compared to actual expenditures and obligations to date versus work performed to date (for each line item).

- B. A final Financial Status Report (Standard Form 269 – www.whitehouse.gov/OMB/grants/index.html#forms) shall be submitted to the Commission Project Officer within 90 days after the end of the Award Performance Period. If the Period is longer than one year, or if the Agreement is revised to extend the Award Performance Period beyond one year, the DHSS must annually submit a completed Standard Form 269 within 90 days after the end of each anniversary of the award date.
5. To receive payment, the DHSS must submit a “Request for Advance or Reimbursement”, Standard Form-270 (www.whitehouse.gov/OMB/grants/index.html#forms), to the Commission Project Officer. The Commission reserves the right to prohibit further payments to DHSS, at any time, if discrepancies involving Commission funds arise, until such time that the discrepancies are resolved to the satisfaction of the Commission.
 6. To the maximum extent feasible, considering applicable laws, the DHSS shall accomplish the work of this Agreement utilizing local labor and small, minority owned and disadvantaged businesses.
 7. No portion of this award may be used for lobbying or propaganda purposes as prohibited by 18 U.S.C. Section 1913 or Section 607(a) of Public Law 96-74.
 8. Based upon proposed Federal funding for this project, project level environmental reviews in accordance with the National Environmental Policy Act (NEPA) and the National Historic Preservation Act (NHPA) are required. However, the project scope of work will result in the production of reports and documents that will have no impact to the environment. Therefore, this Financial Assistance Award shall serve as adequately addressing NEPA and NHPA requirements.

PHASE II
ALASKA RURAL PRIMARY CARE PROGRAM DEVELOPMENT AND SCOPE OF WORK
JANUARY 24, 2001

OBJECTIVES AND TASKS		
1. Develop and publish models of primary care services/programs based on the three sizes of community and size of facility as presented in the October Final Report, Vol. 1		
<ul style="list-style-type: none"> • Prepare updated synthesis of available regional, state, federal and/or other guidelines that specify types of primary care services appropriate for types or size of communities, e.g. guidelines for certified rural health clinics, federal community health centers (Section 330), regional health corporation primary care services, community health aide clinics, Assistance for Community Health Facilities program 		
<ul style="list-style-type: none"> • Have stakeholders review program guidelines presented in Final Report and recommend changes as appropriate to the Steering Committee 		
<ul style="list-style-type: none"> • Hold a work session for members of key informant group(s) to develop draft models for programs/health care services 		
<ul style="list-style-type: none"> • Develop and/or update guidelines for service delivery plan for each size community to be used as a tool for the small clinic prioritization methodology – community request for proposals 		
<ul style="list-style-type: none"> • Develop and/or update description of health care management structure for each size community 		
<ul style="list-style-type: none"> • Work with ANTHC, Yukon-Kuskokwim Health Corporation and Norton Sound Health Corporation as facility prototypes are designed in order to assure that this prototype and program/service models are compatible 		
<ul style="list-style-type: none"> • Seek input from representative community clinic staff and management to review draft models of program and health care services 		
Start Date: 2/15/01 End Date: 8/15/01 Cost Estimate: \$25,000 Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)		
2. Develop definition and guidelines for services in “large / >750” communities		
<ul style="list-style-type: none"> • Prepare a document which describes components of a service delivery plan for a multi-community clinic and service areas 		
<ul style="list-style-type: none"> • Review document with representative local community clinic staff and management 		
<ul style="list-style-type: none"> • Work with the Native Health Corporations, current large clinics, and federal/state funded primary care programs to include their knowledge and available descriptions into program documents about larger clinics 		
<ul style="list-style-type: none"> • Participate with Denali Commission and Steering Committee to determine approach for addressing multi-use facilities 		
Start Date: 3/15/01 End Date: 6/01/01 Cost Estimate: \$20,000 Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)		
3. Assemble and/or develop manuals/standardized documents for communities to use in developing their community health system plan, service delivery plan, management plan, policies and procedures, and business plan		
<ul style="list-style-type: none"> • Assist ANTHC and Steering Committee in conducting any scheduled public meetings on the facilities RFP to address the service delivery plan and business plan components 		
<ul style="list-style-type: none"> • Continue to work with ANTHC to clarify and implement technical assistance strategies emphasizing program needs for communities to respond to Code and Condition Surveys 		
<ul style="list-style-type: none"> • Convene a workgroup to identify, review, and/or develop and/or review planning tools (HRSA, USDA, CDC, foundations...) 		
<ul style="list-style-type: none"> • Review needs and documents with representative communities to ensure that the documents add value 		
<ul style="list-style-type: none"> • Work with ANTHC to determine how the IHS health system planning tools modified by IHS/YKHC/ANTHC include program/service delivery components 		
<ul style="list-style-type: none"> • Print and distribute documents/program planning tools 		
Start Date: 2/02/01 End Date: 7/15/01 Cost Estimate: \$15,000 Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)		

4. Enhance and use ARPCF Needs Assessment database to identify program strengths and needs	
<ul style="list-style-type: none"> • Review current program responses on ARPCFNAQ for consistency and accuracy with a focus on the communities on the “short list” • Work with Steering Committee to identify and implement strategies to validate existing ARPCFNAQ and other data, especially for the “short list” • Increase response rate to ARPCFNAQ by working with communities that did not respond to first survey • Continue to identify queries that are needed for public and steering committee use • Run queries on specific program issues (e.g. program and program cost deficits, telemedicine, range of services desired and provided, staffing patterns, extended care clinics) to identify and develop special programmatic needs. • Use results of queries on program needs to develop “white papers” and summary reports about program strengths and needs • Use information from database to develop recommendations leading to program resources and policy changes to increase access to primary care program services • Review the ARPCFNAQ process with representative communities to get feed back on how to improve it • Add to the ARPCFNAQ database information on grants and funding to clinics to track how much health care funding is coming into the village • Collaborate with ANTHC on their effort to expand the ARPCFNAQ database to accommodate additional information from the code and condition surveys so that the database revisions are coordinated. 	
<p>Start Date: 2/02/01 End Date: 1/31/02 Cost Estimate: \$105,000</p> <p>Responsible Party/Staff: Steering Committee, DHSS (Lead), ANTHC, Contractor(s)</p>	
5. Assist communities in identifying sources of funding for rural health care programs and services	
<ul style="list-style-type: none"> • Develop guide to funding sources for ongoing program support from foundations, federal, state entities • Encourage the development of multi-use facilities in conjunction with rural primary care facilities – demonstrate how multi-use facilities can be integrated and funded • Provide telephone consultation, workshops, electronic notices, and on site technical assistance on sources of funding • Distribute available funding announcements to communities • Work with Denali Commission to convene a joint meeting of agencies that provide funding for both primary care services and facilities to develop strategies for increasing collaboration, matching funds, etc. Examples of such agencies include HRSA, DHSS, IHS (village built clinic program) • Work with funding sources to identify common requirements and strategies for coordinating funding • Work with facilities stakeholders to secure funding for match for facilities, e.g. HUD, DCED, USDA Rural Development, Mental Health Trust, IHS Facility funding: Joint Venture and Small Ambulatory Grant Programs 	
<p>Start Date: 3/01/01 Interim Report: 7/01/01 End Date: 11/01/01 Cost Estimate: \$20,000</p> <p>Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)</p>	

6. Work with Denali Commission to secure funding for training of primary care clinic facility, operations, management and clinical staff in skills to provide cost-effective, quality, and sustainable care; and to operate and maintain the clinic facility		
<ul style="list-style-type: none"> • Review needs and current capacity with representative communities • Identify existing summaries of training needs of health clinic staff, boards, managing organizations • Identify and distribute information on training opportunities • Provide guidance and training on billing and maximizing 3rd-party reimbursement sources • Provide guidance and/or training on certification and review procedures used in rural primary care clinics: JCAHO – Joint Commission on Accreditation of Healthcare Organizations, PCER- Primary Care Effectiveness Review, Rural Health Clinic Certification • Develop and sponsor training where none exists currently emphasizing shared training across clinics and communities • Collaborate with existing training centers and providers to offer specific sessions and ongoing programs, e.g. University of Alaska, Health Aide Training Centers 		
Start Date: 3/15/01 End Date: 1/31/02 Cost Estimate: \$80,000 Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)		
7. With Steering Committee and Facilities Project Manager (ANTHC) identify and assure the implementation of strategies to provide technical assistance to communities that were determined to not have the capability to sustain the facility and the programs		
<ul style="list-style-type: none"> • Work with representative communities, ANTHC, the Steering Committee and the Denali Commission to identify and implement technical assistance for communities on facility construction proposals per RFP issued in 2/01 • Work with Steering Committee to identify and implement strategies for providing technical assistance on program capability • Provide on site technical assistance to communities on capability development related to program components • Provide on-going feedback to facility consultants 		
Start Date: 2/02/01 End Date: 1/31/02 Cost Estimate: \$25,000 Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)		
8. Prepare and present progress reports and other materials to the Denali Commission related to Phase II Primary Care Program Development and support accomplishments and findings (quarterly)		
<ul style="list-style-type: none"> • Provide feedback to the Steering Committee on project accomplishments • Distribute documents to Denali Commission staff and members and/or Infrastructure Committee that include recommendations on levels of program/service needs, program/service funding deficits, and program/service policy needs • Distribute and/or present materials and findings at quarterly Commission meetings 		
Start Date: 3/01/01, 5/01/01, 8/01/01, 12/01/01 End Date: 1/31/02 Cost Estimate: \$10,000 Responsible Party/Staff: Steering Committee, DHSS (Lead), Contractor(s)		